Opening Statement
Senator Kent Conrad
Elder Health Hearing
July 10, 2002

Mr. Chairman, I want to thank you for holding this important hearing on Native elder health.

I cannot think of an issue of such importance than helping to meet the health and long term care needs of Native American elders. The strength of any community is its traditions, values and culture. In native communities, elders have moved to that phase in their lives where they are the keepers of tradition - - they are the teachers of the younger generations. It is my hope that today we can begin discussing how to assist with developing the health care and services that will help them live longer more productive lives.

The National Resource Center on Native American Aging located at the Center for Rural Health of the University of North Dakota School of Medicine and Health Sciences is one of only two centers in the country dedicated to providing research, training, and technical assistance to Native American communities. The Center has been conducting an ongoing survey funded by the Administration on Aging examining the social and health differences of Native American and Alaska Native elders compared to the general U.S. population. A total of 83 tribes have taken the initiative to conduct the assessment and more than 8,500 elders participated, making it the most comprehensive survey we have on elder health.

The results of the surveying are quite sobering. When compared to the general U.S. population, native elders are:

Nearly 18 percent more likely to have experienced a stroke;
Nearly 50 percent more likely to have experienced congestive heart failure;
44 percent more likely to report asthma;
173 percent more likely to be afflicted by diabetes;

Native elders also have lower life expectancies. In fact, the Aberdeen Area which includes North Dakota has the lowest life expectancy of any area at 64.3 years compared to 76.9 years for the general population.

However, more often than not, health care services to address the needs identified by these researchers are at a minimum underdeveloped and at the worse, unavailable. For example, in North Dakota there are no nursing homes or assisted living facilities on our reservations. Native elders who do not have family members to rely on for assistance and care must leave the reservation to access this type of care. Unfortunately, all too often, the type of care they receive is not tailored to their cultural needs and many often face a hostile environment. I look forward to hearing the testimony from the Administration on Aging and the Indian Health Service about steps these agencies are taking to ensure these services are available to elders across the country.

I appreciate Russ McDonald and Dr. Rick Ludke, the lead researchers for this project for being here today to present the Committee with their findings to date. I am also pleased that Fred Baker, Chairman of the Mandan, Hidatsa, and Arikara Elders organization is here to share with us some of the experiences of native elders in North Dakota. I also want to recognize two other people who are here today - Allan Allery, the Director of the National Resource Center on Native American Aging and Dr. Mary Wakefield from the Center for Rural Health.

The research supported by the Administration on Aging and conducted by the Center is critically important. The research can be used by this Committee and Federal agencies to assess current programs and determine where services are lacking so that we are better able to address the needs of Native American elders. But above all, this data is critically important to the tribes. One of the unique aspects of this survey was the active participation of the tribes in collecting the data. Also unique to this project is that the information collected is being actively returned to the tribes to guide them in their long-term planning and development. The data provides these decisionmakers with the tools necessary to develop programs and services tailored to meet both the health care needs on the reservations as well as the long-term care needs of elders.

Again, thank you Mr. Chairman for your willingness to hold this hearing. I believe that the testimony we hear today will be enlightening and will put the spotlight on some of the challenges our native elders are confronting and will ultimately help us to begin to identify solutions to meet these serious challenges.

WITNESS QUESTIONS
Submitted by Senator Conrad

Administration on Aging - Edwin Walker

I understand that the Administration on Aging and the Indian Health Service recently conducted a roundtable on long term care in Indian Country. Was the data provided by the National Resource Center on Native American Aging helpful? What were some of the conclusions of the group?

Are you aware of any other projects being developed to research the health, social and nutritional needs of Native elders?

Indian Health Service - Dr. Kathy Annette

The data provided by the Center depicts some regional differences/disparities such as longevity, chronic disease, and diabetes rates. For example, the life expectancy is 64.3 years in the Aberdeen area compared 76.3 years in the California areas. Differences are also found in the rates of diabetes 425 elders per 1,000 in Aberdeen have diabetes compared to 280 in the Portland area. What do you attribute those differences to?

What do you see as the most significant barrier or barriers to providing adequate elder health care to American Indians and Alaska Native elders?

Is there a way that IHS can assist the tribes with the development of model programs, such as using underutilized facilities or assisting with the staffing of innovative programs to address the health needs of elders?

What role do you see for the Indian Health Service in future development of long term care services or in health promotion for adults and elders?

One of the keys to future success according to some of the data by the center is infrastructure for the tribes at the community level. What plans or ideas does the IHS have to implement and maintain long term care infrastructure at the tribal level?